

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		9/7/00
O.L.P.E. CLASSIFIER		59	9/12
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	59222	10-17-00

INDEX OF CLAIMS

☒ Rejected  
☒ Allowed  
☒ (Through course) Cancelled  
☒ Restricted  
☐ Non-elected  
☐ Interference  
☐ Appeal  
☐ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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